

**OFFICE OF THE INSPECTOR GENERAL  
For the  
Department of Mental Health, Mental Retardation  
And Substance Abuse Services**

**SNAPSHOT INSPECTION  
PIEDMONT GERIATRIC HOSPITAL**

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**OIG REPORT # 96-04**

**Facility:** Piedmont Geriatric Hospital  
Burkeville, Virginia

**Date:** March 9, 2004

**Type of Inspection:** Snapshot Inspection / Unannounced

**Reviewers:** James W. Stewart, III  
Cathy Hill, LPC

### **INSPECTION SUMMARY**

A Snapshot Inspection was conducted at Piedmont Geriatric Hospital in Burkeville, Virginia on March 9, 2004. The purpose of a snapshot inspection is to conduct an unannounced review of a facility with a primary focus on three basic areas of review. The areas are as follows: safe environment as manifested through the general conditions of the facility, staffing patterns and the active clinical treatment provided for patients.

This 130-bed facility is solely dedicated to the evaluation and treatment of persons over the age of sixty-five and the only state operated geriatric facility. Piedmont has been actively recruiting nursing personnel and has initiated several scheduling changes in order to provide RN coverage during the nights, evening and weekend shifts. A review of staffing patterns for the day and evening shifts revealed scheduled coverage consistent with facility policy and expectations.

Active treatment programming was observed in the SMILE (Skills Mastery for Individual Living Enhancement) program, which is primarily offered to patients residing on 1 West but several patients from the other units participate in the day treatment activities depending on their level of functioning. Piedmont has established an on-grounds activities program similar to a community-based Senior Center where patients can participate in a variety of recreational and leisure activities.

Tours on all the units revealed the facility to be overall clean, comfortable and well maintained.

<b>PART I: STAFFING ISSUES</b>	
<b>Number of staff scheduled for this shift for this unit?</b> RN = Registered Nurse LPN = Licensed Practical Nurse DSA= Direct Service Assistant	<b>Day Shift – March 9</b>  <u>Ground Unit</u> 2 RN's 2 LPN's 8 DSA's  <b>Unit 1 – Admissions</b> 1 RN 1 LPN 2 DSA  <b>Long Term Care</b> 1 RN 2 LPN 7 DSAs  <u>Unit 2</u> 2 RN's 2 LPN's 8 DSA's  <u>Unit 3</u> 2 RN's 3 LPN's 6 DSA's  There was one RN completing orientation to the facility on 2 West but she was not counted in the staffing patterns.
<b>Number of staff present on the unit?</b>	Interviews and observations of unit staffing revealed that staffing was as indicated above.
<b>Number of staff doing overtime during this shift or scheduled to be held over?</b>	No staff members were reported as doing overtime at the time of the inspection.
<b>Number of staff not present due absence because of worker's compensation injury/disability?</b>	Interviews revealed that there were eight staff members out on short-term disability Five were members of the direct care staff including 3 HSCWs and 2 RNs.
<b>Number of staff members responsible for one-to-one coverage during this shift?</b>	Review of staffing indicated that one staff member was responsible for 1:1 coverage during the time of the inspection.

**Are there other staff members present on the unit? If so, please list by positions.**

Throughout the day shift, members of the recreational staff, music therapy staff, psychiatrists as well as social workers were noted on the units. During the evening and night shifts, unit nursing coordinators and the house-nursing supervisor make rounds.

**Additional comments regarding staff:** Interviews conducted with administrative and direct care staff revealed that the facility has made progress in recruiting and retaining nursing personnel in a very competitive regional market. Several initiatives were implemented that have helped the facility in accomplishing its goal of maintaining staffing patterns that include the presence of at least one RN per unit per shift.

The Director of Nursing reviewed staffing configurations and adjusted staffing deployment in order to successfully increase RN coverage during the evening and night shifts across the weekdays and more consistently on the weekends. A review of staff scheduling demonstrated that there were several shifts that did not maintain the desired coverage patterns, however, it was also noted that the frequency of RN coverage difficulties compared to last year has been significantly decreased.

Interviews revealed that Central Office management, particularly Rosemarie Bonacum, Director of Facility Operations and Quality Improvement, assisted the facility in developing a facility-wide staff coverage contingency plan. In addition to the facility plan, each unit has also developed plans that allow self-scheduling and the use of flextime in order to limit the use of mandatory overtime. Overall, direct care staff expressed appreciation of nursing administration in allowing them opportunities for working out coverage issues among themselves, which enables them to balance the demands both of their professional and personal lives. Changes in coverage have allowed for an increased presence of nursing personnel in active treatment programs. This is also a change from the previous inspection.

This facility functions as a safety net for patients that have very complex psychiatric and medical concerns, which the majority of nursing homes and assisted living facilities are unable to manage effectively. PGH administration and staff prioritize patient care and have made the necessary adjustments to assure that this often-challenging population has the benefit of the on-going screening and assessment associated with the expertise of registered nurses.

PGH is also in the development stages of creating a career track within the facility for direct care staff that are currently in the human services care worker position. The positions will provide increased responsibility and as a result some pay benefits. These positions are analogous to restorative rehabilitation specialists used in the community to assist patients regain mastery of skills, which have been diminished due to illness or physical decline. Restorative programs maximize and maintain the highest level of functionality for residents of long-term care. Central to the philosophy of restorative care is the concept of promoting functionality, skill sets and maximizing independence by

motivating residents to perform as many of the tasks of daily living as possible while encouraging them to make choices whenever possible.

**OIG Finding 1.1:** The facility has implemented a number of strategies, which have supported achieving the goal of one RN per unit per shift.

**OIG Recommendation:** Continue to work towards the successful completion of the goal of consistently maintaining a staff complement that allows for a minimum of one RN per unit per shift.

**OIG Finding 1.2:** The facility is developing a restorative program that will enhance not only programming options but serve as a career track for direct care staff.

**OIG Recommendation:** None. The OIG looks forward to learning more of this career opportunity program as it is implemented.

***DMHMRSAS Response Finding 1.1:** Piedmont Geriatric Hospital has recruited RN's assigned to work permanent night shift on each unit. Even with recent resignations and long-term illnesses, there has been a marked improvement in RN coverage on all shifts. Currently, two RN vacancies remain on 2W, two on 3W, and two on Ground Floor.*

*Piedmont Geriatric Hospital is actively assessing RN salaries in comparison to local competition and the fiscal feasibility of meeting ongoing and future employment opportunities. The hospital has also sponsored RN open houses, attended job fairs and made personal contacts to increase the applicant pool*

***DMHMRSAS Response Finding 1.2:** Piedmont's current plans include the selection of two HSCW's on each unit for on-the-job training by OT staff to work as Restorative Aides. Piedmont will gladly share information on progress of this endeavor*

## **PART II: ACTIVITIES OF THE PATIENTS/RESIDENTS**

### **Bed capacity for the unit:**

### **Census at the time of the review:**

Out of the 137 beds available, the census was 128 on the day of the inspection. Unit capacity and census were reported as follows:

#### **Capacity:**

**Ground Unit:** 35

**Unit 1:** 32

**Unit 2:** 35

**Unit 3:** 35

#### **Census:**

**Ground Unit:** 32

**Unit 1:** 30 (6 in admissions and 24 in long-term)

**Unit 2:** 34

**Unit 3:** 32

**Number of patients/residents on special hospitalization status**

Interviews with facility staff indicated that one patient was on special hospitalization status during this review. Four patients were out of the facility on placement visits within the community.

**Number of patients/residents on special precautions?**

Interviews with staff on all units, across all indicated that due to the complexity of the clients served, most are under informal special precautions such as falls risks, elopement risks and for maladaptive behaviors.

**Number of patients/residents on 1 to 1?**

Interviews with staff regarding staff patterns indicated that 2 patients in the facility for each shift were on 1:1 status on the day of the inspection.

**Identify the activities of the patients/residents?**

Immediately following lunch, which is when the tours of the units occurred, many patients on Units 1, 2 and 3 were observed relaxing before the onset of afternoon programming. Staff were assisting others with the completion of some of their ADLs while many were in the dayroom areas watching television. On the Ground floor or the Skills preservation unit, the majority of patients were observed to be either in the hallways or resting in their rooms.

**What scheduled activities are available for patients/residents during this shift?**

A tour of the SMILE (Skills Mastery for Individual Living Enhancement) program occurred during this visit. Facility literature describes the program as one that “ provides basic adapted therapeutic/recreational activities in order to meet the needs of patients with multiple levels of cognitive, physical and mental functioning.” Some of the primary tasks associated with the program are symptom stabilization, skills acquisition, treatment engagement and community readiness. It was learned that approximately 25 patients actively participated in the SMILE program.

The tour occurred during early afternoon programming. Three music groups were taking place as well as a discussion group. The music groups were co-led by trained members of the direct care staff. Observations and interviews revealed that the groups were designed to correspond with the active treatment tasks of readiness and engagement. The groups varied in size with an average of seven patients in each. All included pre-recorded music, movement and a variety of engagement activities. One group focused on relaxation activities while another used dance steps to foster increased movement and exercise in these often-sedentary patients.

The remaining patients participated in either unit based activities and/or the Senior Center depending on the individual’s cognitive abilities and level of functioning. Unit based activities include assisting the patients in completing their tasks of daily living, as well as craft activities for enhancing fine and gross motor skills, socialization groups, and playing games. Bible study groups are held on each unit and are reportedly one of the more popular activities.

**Are smoke breaks posted?**

Interviews with staff indicated that formalized “smoke breaks” are not utilized at this facility, rather it is based on individual treatment plan. Interviews indicated that very few of the patients smoked because of medical complications.

**Do patients/residents have opportunities for off-ground activities?**

Interviews with staff indicated that patients do regularly travel off grounds to the store, mall, or even just to go on a drive. Groups of patients attend activities such as musical events at Longwood College. The facility hosts a number of events for the entertainment of the patients in the facility auditorium. One of the reportedly popular events is an Elvis impersonator. High school performing and jazz bands regularly give concerts at the facility.

**As appropriate, do patients/residents have opportunities for snacks?**

Interviews with staff indicated that snacks are afforded for this medically complicated population on an individual basis.

**Other comments regarding patient activities:** Several members of the patient community participate in the PGH voice and hand-bell choirs. The group recently had the opportunity to perform in the community for civic and social groups.

**OIG Finding 2.1: The facility provides an array of active treatment programs for its patients depending upon their levels of functioning.**

**Recommendation: None.**

**Environmental Issues**

<b>AREA OF REVIEW: Common Areas</b>	<b>Comments and Observations</b>
<b>The common areas are clean and well maintained.</b>	Tours of all common areas of this facility confirmed that each area was clean, free of odors and well maintained. The facility is planning to have the half walls separating the day room areas from the hallways extended to become full walls.
<b>Furniture is adequate to meet the needs and number of patients/residents.</b>	Tours of each unit indicated that furniture in bedrooms and in common areas was adequate to meet the needs and numbers of patients on each unit.
<b>Furniture is maintained and free from tears.</b>	Tours of each residential area indicated that furniture is free from tears and is well maintained.

<b>Curtains are provided when privacy is an issue.</b>	Tours of residential units demonstrated curtains and blinds were provided for privacy from the outside.
<b>Clocks are available and time is accurate.</b>	It was noted that clocks, in the public areas, had the correct time.
<b>Notification on contacting the human rights advocate is posted.</b>	Posters providing information on how to contact the Human Rights Advocate were evident throughout the facility.
<b>There is evidence that the facility is working towards creating a more home-like setting.</b>	Tours of each residential unit provided evidence that the facility is working to create a more homelike atmosphere.
<b>Temperatures are seasonally appropriate.</b>	Tours of each unit confirmed that temperatures were seasonally appropriate and geared towards the preferences of the geriatric population.
<b>Areas are designated for visits with family, etc., which affords privacy. Visiting hours are clearly posted.</b>	Tours of visiting area and observations of families visiting with clients indicated that the areas designed as visiting areas were set up to allow for privacy. Even though it is preferred that visits occur outside programming hours, families are encouraged to visit and accommodations are made whenever this occurs.
<b>Patients/residents have access to telephones, writing materials and literature.</b>	Interviews with staff indicated that clients have access to communication materials and literature.
<b>Hallways and doors are not blocked or cluttered.</b>	Tours of units indicated that hallways and doors are not blocked and cluttered.
<b>Egress routes are clearly marked.</b>	Tours of each unit indicate that egress routes are clearly marked.
<b>Patients/residents are aware of what procedures to follow in the event of a fire.</b>	Staff are designated to assist the patients during fire drills.
<b>Fire drills are conducted routinely and across shifts.</b>	Interviews with staff indicated that fire drills are conducted once per shift per quarter.



<b>Bedrooms</b>	<b>Comments and Observations</b>
<b>Bedrooms are clean, comfortable and well maintained.</b>	Tours of all residential units indicated that all bedrooms are clean, comfortable and well maintained.
<b>Bedrooms are furnished with a mattress, sheets, blankets and pillow.</b>	Tours of bedrooms on all units indicated that each client is furnished with a mattress, sheets, blankets and a pillow and there is a linen storage area on each unit if extras are required or requested.
<b>Curtains or other coverings are provided for privacy.</b>	Tours of all residential units confirmed that curtains and blinds are provided for the clients' privacy.
<b>Bedrooms are free of hazards such as dangling blind chords, etc.</b>	Tours indicated that though there are blinds with cords in each room, the cords are not dangling in a hazardous manner.
<b>Patients/residents are able to obtain extra covers.</b>	Interviews with staff indicated that clients are able to obtain extra linens and covers.
<b>Patients/residents are afforded opportunities to personalize their rooms.</b>	Interviews with staff and tours of bedrooms indicated that clients have opportunities to personalize their rooms.
<b>Seclusion Rooms</b>	<b>Comments and Observations</b>
<b>Seclusion and/or time out rooms are clean.</b>	This facility does not utilize seclusion or time out rooms.
<b>Seclusion and/or time out rooms allow for constant observations.</b>	This facility does not utilize seclusion or time out rooms.
<b>Bathrooms are located close to the seclusion or time-out areas.</b>	This facility does not utilize seclusion or time out rooms.
<b>Bathrooms</b>	<b>Comments and Observations</b>

<b>Bathrooms were clean and well maintained</b>	Tours of unit bathrooms revealed that all were cleaned and well maintained.
<b>Bathrooms were noted to be odor free.</b>	Tours of unit bathrooms indicated that all were odor free.
<b>Bathrooms were free of hazardous conditions.</b>	Tours of unit bathrooms revealed all were free of hazardous conditions.
<b>Buildings and Grounds</b>	<b>Comments and Observations</b>
<b>Pathways are well lit and free of hazardous conditions.</b>	Tours of outside grounds indicated that pathways were free of hazardous conditions.
<b>Buildings are identified and visitor procedures for entry posted.</b>	Upon entering the hospital all visitors are required to check in and receive a visitors badge.
<b>Grounds are maintained.</b>	A driving tour of the grounds confirmed that they were well maintained.
<b>There are designated smoking areas with times posted.</b>	Piedmont is a smoke free environment.
<b>Patients/residents have opportunities to be outside.</b>	Interviews with staff indicated that clients regularly go outside on and off grounds, weather permitting.

**OIG Finding 3.1: Tours of the facility revealed that the hospital was clean, comfortable and well maintained.**

**OIG Recommendation: None.**

